Parsons (R. L.)

ON THE CLASSIFICATION OF MENTAL DISEASES

BY

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GREENMONT-ON-THE-HUDSON, NEAR SING SING, NEW YORK

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A PROPOSED FORM FOR THE CLASSIFICATION AND TABULATION OF THE TYPES AND VARIETIES OF INSANITY.

	Oligomania.	M.	F.	T.	Mania.	M.	F.	T.	Melancholia.	M.	F.	T.	Dementia.	M.	F.	T.	TOTAL. M.	F.	T.
A Idiopathic forms (*a*) for the most part with hereditary or congenital predisposition, and depending upon moral causes.	Intellectual O., Affective O., Abulic O., Reasoning O., Impulsive O., Mysophobic O., Agoraphobic O., Claustrophobic O., O. of doubt, O. of suspicion, O. of pride, O. of vanity, O. of fear.				Acute M., Sub-acute M., Acute Delirious M., Stuporous M., Idiotic M., Transitory M.,				Acute Mel., Sub-acute Mel., Stuporous Mel.,				Acute primary D.						
	Secondary O.				Recurrent M., Alternating M., Chronic M., etc.				Recurrent Mel., Alternating Mel., Agitated Mel., Nostalgic Mel., Resistive Mel., Panphobic Mel., etc.				Secondary D.						
(*b*) having also certain important characteristics.					Homicidal M., Suicidal M., Delusional M., Religious M., Dipsomania, Ambitious M., etc.				Homicidal Mel., Suicidal Mel., Delusional Mel., etc.										
B Occurring at or in the course of certain crises.					Puerperal M., Climacteric M., Senile M., Adolescent M., Pubescent M., Post-connubial M., Lactomania, M. of Gestation, etc.				Puerperal Mel., Climacteric Mel., Senile Mel., Lacto-melancholia, etc.				Senile D., etc.						
C With certain physical conditions as causes or concomitants.					Rheumatic M., Phthisical M., Amenorrhœal M., Typhomania, Katatonic M., Cataleptic M., Anæmic M., Post-febrile M., Metastatic M., Sympathetic M., Diabetic M., Limoseric M., Podagrous M., etc.				Rheumatic Mel., Phthisical Mel., Amenorrhœal Mel., Katatonic Mel., Cataleptic Mel., Anæmic Mel., Post-febrile Mel., Metastatic Mel., Sympathetic Mel., Diabetic Mel., Limoseric Mel., Podagrous Mel., etc.				Rheumatic D., Phthisical D., Amenorrhœal D., Katatonic D., Cataleptic D., Anæmic D., Post-febrile D., Metastatic D., Sympathetic D., Diabetic D., Limoseric D., Podagrous D., etc.						
D Toxic insanities.					Alcoholic M., Malarial M., etc.				Alcoholic Mel., Malarial Mel., etc.				Alcoholic D., Malarial D., etc.						
E With certain neuroses as causes or concomitants.					Epileptic M., Hysterical M., Choreic M., Nymphomania, Erotomania, etc.				Hypochondr'c'l Ml., etc.				Epileptic D., Hysterical D., Choreic D., etc.						
F Having gross brain lesions as the cause.					Traumatic M., Paretic M., Paralytic M., Syphilitic M., Organic M., etc.				Paretic Mel., Paralytic Mel., Syphilitic Mel., Organic Mel., etc.				Traumatic D., Paretic D., Paralytic D., Syphilitic D., Organic D., etc.						
Totals..... ...																			

ON THE

CLASSIFICATION OF MENTAL DISEASES

BY

RALPH L. PARSONS, M. D.

GREENMONT-ON-THE-HUDSON

PHYSICIAN IN CHARGE OF PRIVATE HOME FOR CASES OF NERVOUS AND MENTAL DISEASES AT GREENMONT-ON-THE-HUDSON, NEAR SING SING; LATE MEDICAL SUPERINTENDENT OF THE NEW YORK CITY LUNATIC ASYLUM AND PHYSICIAN IN CHIEF OF THE HOSPITAL FOR EPILEPTICS AND PARALYTICS; MEMBER OF THE NEW YORK COUNTY MEDICAL SOCIETY; MEMBER OF THE NEUROLOGICAL SOCIETY OF NEW YORK CITY; MEMBER OF THE AMERICAN NEUROLOGICAL ASSOCIATION; MEMBER OF THE MEDICO-LEGAL SOCIETY, ETC.

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ON THE

CLASSIFICATION OF MENTAL DISEASES.*

Within the past few years strenuous efforts have been made to secure a uniform classification of the forms of mental diseases, for the purpose of facilitating a comparison of the statistics of these maladies throughout the civilized world. The subject has been discussed at several national and international meetings and conventions, but thus far without any decided result. An inspection of ten of the various methods suggested shows a substantial agreement in only three, although by a sort of mutual consent only the most important and fundamental varieties of insanity were included.

Systematic writers on the subject of mental diseases differ still more widely in the methods of classification they have adopted; especially the later writers, many of whom have endeavored to include specific as well as general forms in such a way as to make their classifications definitive as well as exhaustive.

That a uniform system would be of great advantage is obvious enough. A comparison of the statistics of insanity in different parts of the same country and in different countries would then become possible; the scientific study of

* Read before the Medical Society of the County of New York, May 23, 1887.

mental diseases would be promoted, and the jurisprudence of insanity would become more intelligible and precise.

It may be premised that the difficulties experienced in making a classification which shall be acceptable to all alienists and jurisconsults lie in part in the fact that the knowledge of the subject in question is limited and imperfect, and in part in the nature of the case; inasmuch as there are no natural divisions and distinctions between the different forms of mental alienation in accordance with which they can be divided or classified into orders and species in any such sense as that in which animals and plants can be thus classified. In the case of the latter there are well-marked differences of structure by means of which genera and even varieties may always be easily and surely recognized. The forms or characteristics by means of which they are distinguished have been inherited from their progenitors, and hence have that sort of uniformity or likeness which pertains to inherited characteristics. These forms and characteristics are persistent; they are neither abruptly changed for others nor are they suddenly lost. On the contrary, mental diseases sometimes have well-marked and distinctive characteristics and sometimes they have not, in the latter case having resemblances to two or more typical forms at the same time. Although the *tendency* to mental disease may be inherited, the disease itself is not. Hence mental disease may be unlike that of the progenitor from whom the tendency was inherited. Mental disease may be at one time of one type and then of another in the same individual. For instance, a patient may be at one time melancholic and at another maniacal during the same attack of insanity. It is true that a case classified as one of syphilitic or of toxic insanity may always remain the same in so far as relates to the cause, but the type of the insanity itself will still be subject to change.

Since so many unsatisfactory attempts have already been made to formulate a system of classification which shall be universally acceptable, the inquiry may pertinently be made why still another attempt should follow so many failures, especially when the acknowledged difficulties of the problem to be solved are taken into consideration.

The answer is twofold. In the first place, the attempts heretofore made have not been failures. The subject is many-sided, and hence may advantageously be studied from different points of view. The studies which have been made and the methods which have been proposed, from the simplest to the most complex, have, almost without exception, added to our knowledge; and our knowledge of the subject is constantly widening, so that classifications are now feasible and advantageous which could not have been made a few decades ago. Of the later classifications, those by Krafft-Ebing, Hammond, Spitzka, and Kellogg may be mentioned as especially meritorious. In the second place, with continued attempts, a nearer approach to success may fairly be expected. Hence a new study, even if the conclusions reached should be in the main in accordance with some previous study, can hardly be without advantage, and may, peradventure, open the way to a more satisfactory solution of the problem than has yet been attained.

It is well at the outset to get a definite idea of what is to be expected and of what advantage is to be gained from any system of classification. Then it will become easier to choose between the different methods which may be presented. While the orderly arrangement of the facts within our knowledge can not be expected to add directly to the number of these facts, it does add to their usefulness, inasmuch as they can then be readily found when wanted. Such an orderly arrangement also serves to stimulate the ascertaining of new facts, and to a comparison and study of all

the facts within our knowledge on any particular subject, and thus to an increase of knowledge. That system of classification, then, would seem to be best in which the greatest number of fundamental facts can be included, at least if this can be done without confusion and without crowding out other more important facts. Then, again, the basis upon which the classification is founded should be broad enough to include all the facts to be arranged, for otherwise the system would either be incomplete or else two or more bases would be required; and in the latter case there would be lack of unity in the system and more or less confusion of thought in its study.

In considering the facts to be recorded in a classification of diseases of the mind, the symptoms through or by which these diseases are manifested will occur at once as especially important and worthy of attention, inasmuch as in the absence of these symptoms insanity can not be said to exist at all, either in the medical or in the medico-legal sense. And since the symptoms exist in all forms of insanity, they at least constitute a comprehensive basis for classification. In fact, all the earlier systems and the greater part of the later ones have been substantially founded upon symptoms as a basis. But there are objections to symptomatology as a basis for a system of classification. For instance, the symptoms often change during the progress of what is evidently the same attack of insanity. A case may commence with acute maniacal excitement, progress to a state of quiet mania with degenerative tendencies, and end in dementia; or a person with senile insanity may be at the same time melancholic and demented. Then, again, it may be urged that the symptoms do not sharply lead the attention to the physical causes which underlie and really constitute the disease. Still it must be admitted that the symptoms as manifested have much to do with

the practical management and with the moral treatment of the patient.

The diseased condition of the brain which is the immediate cause of the symptoms—as anæmia, hyperæmia, inflammation, degeneration of nerve-substance, tumors, etc.—would form an excellent practical basis for classification if it were sufficiently well known in all cases. But, unfortunately, there are many cases of insanity in which the pathological condition of the brain can not be diagnosticated. Even a careful post-mortem examination of the brains of persons who have died insane often fails in eliciting the immediate physical cause of the insanity. And this is not surprising when we consider that very sudden recoveries sometimes occur in the case of persons who have been a long time insane, showing that in some cases, at least, the pathological condition of the brain must have been very slight and fugitive in character. So, although the condition of the brain is a very important consideration and should constitute an element in any system of classification, it can not serve as a satisfactory basis.

The physical diseases which constitute a more remote cause of mental aberration are almost if not quite of equal importance with the above-mentioned class of cerebral diseases, as phthisis pulmonalis, syphilis, malaria, rheumatism, the puerperal state, lactation, the post-febrile state, diabetes, gout, etc. Dr. Skae, following Morel, formulated a system of classification based on the immediate and more remote physical causes of insanity. He maintained that each of these varieties, as anæmic or puerperal insanity, had important characteristics which distinguished it from all other forms of the disease, and the recognition of which was of especial service in its treatment. Dr. Skae thought he could even diagnosticate the physical cause of most cases of insanity from a study of the mental symptoms alone. This is open to serious doubt. At all events, it would seem that he was unable

to transmit this ability to his successors, since his mode of classification is only given as an alternative in the reports of the asylum of which he was in charge. But, as was remarked in connection with the cerebral pathology of insanity, all somatic causes which can be ascertained should be included as factors in a classification of the disease, although they can not serve as a satisfactory basis. Dr. Skae himself was obliged to adopt a symptomatic basis as supplementary to the somato-ætiological basis of which he was so strenuous an advocate. Hence his system was really founded upon a twofold basis.

A psychological basis for classification has been adopted by several authors of eminence. Hammond's earlier classification was on this basis, as also is his later method, for the most part. Since insanity is disease of the mind, it might naturally be taken for granted that the different faculties—as the intellect, the emotions, and the will—would form a sufficiently inclusive and comprehensive basis on which to build up a systematic enumeration of all the possible varieties of the disease. This is really so, but there are some practical difficulties to be encountered. In some cases all the mental faculties appear to be involved in a well-marked degree, while in others only a limited number of the mental operations are very evidently deranged. It would be difficult to arrange all these different varieties on a psychological basis without making the system too complicated for practical use. If an attempt were made also to include important physical causes or concomitants, the complication would be still further increased.

Although such characteristics as homicidal or suicidal tendencies can have only an incidental relation in any system of classification, they are yet of sufficient importance to demand a subordinate place.

It would appear, then, that, for the present at least, the

basis for the classification of mental diseases first and most extensively used is the best. It now remains to be seen whether a system of classification on a symptomatological basis can be so arranged as to be an improvement on the systems heretofore in use. Even if this should not be accomplished at the present time, it may fairly be anticipated that a new discussion of the subject may open the way to a more successful attempt hereafter.

On the broad basis of symptoms, then, an attempt will be made to accomplish the following objects: First, to construct a method so elastic and so comprehensive, on the one hand, that any variety of insanity which may be differentiated can be included and readily arranged in its natural relation to other varieties, while, on the other, all the varieties and sub-varieties can readily be reduced to a few fundamental symptomatological types; in the second place, to make it capable of including all other systems and modes, so that they can be harmonized for purposes of comparison; in the third place, to include as many important related facts as possible; and, in the fourth place, to arrange the system in a tabular form, so that the different types and varieties of the disease may be readily enumerated for comparison or for statistical purposes.

Since the symptomatological plan will be strictly adhered to as a basis, such designations as epilepsy, general paresis, and hebephrenia will not be included.

Reference may now be made to the accompanying tabular arrangement and classification of the various types and varieties of mental disease.

The term monomania and its analogue paranoia are replaced by the term oligomania, for reasons which were fully set forth in a paper entitled "Nomenclature in Psychiatry," recently read before the Neurological Society.

The varieties of oligomania are placed in the first column, as a matter of convenience, since they do not often change to other forms, as is the case with the varieties of mania and melancholia.

The meanings of the terms mania and dementia are so well understood as not to require a definition in this connection. The term oligomania, however, may need an explanation or definition. By oligomania is meant "*a form of insanity which, although potentially affecting all the mental faculties and operations, apparently involves only a part, as the emotions, the intellect, or the will, or certain manifestations only of a faculty of the mind; the depression sometimes attending which originates in the intellectual faculties rather than in the feelings, and the manifestations of which are well defined, persistent, dominant, and systematic in character.*"

This type of insanity is not enumerated either by name or under any of its synonyms in some systems of the classification of mental diseases, nor in the statistical tables of the reports of many asylums for the insane. The reason of this omission is believed to be the want of a suitable term to designate the idea expressed in the above definition. Any physician who has had much experience with the insane must certainly have met with patients who could not be classed with either maniacs, melancholics, or dements, but who were undoubtedly insane, and who were really oligomaniacs in the sense above explained.

Although the emotions are generally expansive in cases of oligomania, mental depression exists in some cases to a degree as well marked as in some cases of melancholia. But in oligomania the depression depends upon and is caused by the intellectual aberration, as by delusions of a depressing nature, while in melancholia the depression arises immediately from and depends upon the disordered state of the feelings.

It is proper to mention in this connection that nearly all the varieties of insanity which have been differentiated have been included in the tabular arrangement, and space has been indicated for the names of such other varieties as may hereafter be differentiated. This is done to illustrate the elasticity and adaptability of the system. But names of varieties not included in any statistical report should be omitted from that report.

Amentia, with its subdivisions of idiocy, imbecility, and cretinism, has been omitted from the table. If included, amentia should precede oligomania in the arrangement.

The forms of insanity classified have been arranged in a tabular form in order to show how the system can be practically utilized in making out reports of institutions for the insane, or in general statistical reports on the subject, the tabular statement not only showing the number of cases of each of the great types of insanity, but also the number of cases of each variety. If found desirable, a separate enumeration of the subdivisions can be readily made, thus showing the number of cases of idiopathic insanity, of those having gross brain lesions, etc.

It may be objected that under this system many individual cases require to be classified under different types—at one time as maniacal and at another as melancholic, or as demented during the same attack of insanity. This is true of all classifications on either a symptomatological or a psychological basis; but this disadvantage may be considered as more than compensated for by the greater definiteness gained, especially when individual cases are in question. Even this disadvantage pertains only to idiopathic forms, for in all the others the qualifying adjective remains the same whatever the type of the insanity may be—as alcoholic mania, alcoholic melancholia, or alcoholic dementia.

However, if any one should find the objection insurmountable, he would only need to use the term insanity wherever either oligomania, mania, melancholia, or dementia occurs. In fact, Dr. Skae adopted this plan in his classification.

In addition to oligomania one other new term has been introduced. The terms limopsoitas and limopsoitosic have been used to designate a variety of insanity caused by abstinence from food. The more significant and more euphonious term limoseric (λιμοξηρός—wasted with hunger) has been substituted, as limoseric mania, limoseric melancholia.

The terms paresis and epilepsy, as designating forms of insanity, have been discarded. They are used as adjectives in connection with the type of insanity with which the paretic or epileptic may be affected, as paretic mania, paretic dementia, or epileptic mania.

The terms alternating mania and alternating melancholia are used instead of the more usual term, circular insanity. A case of circular insanity should be tabulated as one of alternating mania or of alternating melancholia, according as the one or the other type might predominate.

The system of classification proposed in this paper has been constructed on the following plan: In the first place, a single basis has been adopted, and that the symptomatological. In the second place, all the varieties of insanity which have been differentiated have been or may be included, and provision has been made for any other varieties that may hereafter be differentiated. Students of mental disease may follow a system which gives perfect freedom for expansion, but they certainly will not follow a system which is narrow and restrictive. In the third place, the varieties have been arranged in groups in such a way as to include forms which are allied in some important particular in the same group, as the idiopathic insanities, those occur-

ring at certain crises, those depending upon gross brain lesions, etc. In the fourth place, the various types and varieties are so arranged in a tabular form as to be easy of comparison.

The classifications of mental diseases are so numerous and so diverse that a comparison of the various systems and methods can not well be undertaken in this connection. Since, however, the method herein submitted includes or may include all the varities of insanity, all other methods can evidently be included in this. So, too, any classification of cases made in accordance with a comprehensive method may with little difficulty be reduced to any of the less inclusive systems. At all events, it may fairly be said that the most efficacious means of securing a substantially uniform method of classification would be the adoption of a method so comprehensive and so elastic as to include all the forms of mental disease now known or likely to be differentiated.

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